

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ADD		10-01-01
O.I.P.E. CLASSIFIER			10-12-01
FORMALITY REVIEW	SE	1081	11/2/01
RESPONSE FORMALITY REVIEW	BZ	897	02-08-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	10/21/01
1	10/21/01
2	10/21/01
3	10/21/01
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Claim	Date
Final	
Original	10/21/01
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49	10/21/01
50	10/21/01

Claim	Date
Final	
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If more than 150 claims or 10 actions  
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